

ATTACHMENT 2 CERTIFICATION OF QUALIFICATION

Name:	EMPLOYEE Z No./(SSN if unavailable):
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We hereby certify that the above named individual is qualified to perform the duties of and assume the responsibilities for the following:

Inspection Process	Level:
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This certification is based upon satisfactory completion of the requirements of:

Procedure Number:	Revision:
Procedure Title:	

The basis for certification is:

- ☐ Record of Experience, Education, and Training
- ☐ Written or Oral Examination
- ☐ Practical Examination

Effective period of certification is from _____ to _____

Supporting documents are maintained by LANL PS-1 IQMG and may be examined by authorized personnel.

	Approved By:	Date
Level III NDE Engineer:		
Responsible Manager:		

Remarks: